PROVIDER BULLETIN
PROVIDER INFORMATION

BlueCross BlueShield Minnesota

WHAT'S INSIDE: June 1, 2018

This summary document can be found in 'Forms and Publications' section of providers.bluecrossmn.com. Individual Bulletins are also available in the 'Forms and Publications' section of providers.bluecrossmn.com.

Questions? If you have questions about any of the updates, unless otherwise specified, please contact provider services at (651) 662-5200 or 1-800-262-0820.

ADMINISTRATIVE UPDATES

Reminder: Blue Cross Will Cease Mailing Certain Provider Bulletins
(P10-18, published 3/1/18)

As of April 2, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will begin publishing monthly Provider Bulletins and posting them on the first business day of each month on the bluecrossmn.com website. Effective May 1, 2018, Blue Cross will no longer be mailing Provider Bulletins that are published on the first business day of the month. If additional Bulletins are published on a day other than the first business day of the month due to a business need, the Provider Bulletin will be mailed to impacted providers in addition to being posted on the website. These changes support ease of access and administrative efficiency for providers and Blue Cross and will reduce the use of paper to be environmentally friendly. Provider Bulletins will continue to be available on our website as well as on Availity's provider portal.

To view Provider Bulletins on the Blue Cross website
- Access **providers.bluecrossmn.com**
- Select forms and publications
- Select Bulletins

To view Provider Bulletins on Availity's provider portal
- Access **availity.com**
- Select Payer Spaces (Blue Cross)
- Select News and Announcements
- Select "more" to go to the actual Bulletin

Reminder: Medicare Requirements for Reporting Provider Demographic Changes
(article is published in every monthly Bulletin)

In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers. Blue Cross is hereby reminding all providers of their obligation to promptly submit a form to us when any changes occur, including any of the following:

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

Forms Location
Based on what change has occurred, submit the appropriate form located on our website at **providers.bluecrossmn.com**. Select "Administrative Updates" in the "What's Inside" section to obtain instructions on completing the various forms or access the link below:

https://www.bluecrossmn.com/healthy/public/personal/home/providers/admin-updates.

How do we submit changes?
Send the appropriate form via fax as indicated below:
Fax: 651-662-6684, Attention: Provider Data Operations

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

New Medical, Medical Drug and Behavioral Health Policy Management Updates for Commercial Lines of Business (Effective 8/6/18, P24-18)

Effective August 6, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding both the overall medical policy library set and utilization management requirements for commercial lines of business. This includes both prior authorization (PA) requirements and the Medical Drug Prior Authorization Program.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following medical policies will be managed as follows effective August 6, 2018 for commercial lines of business:

Policy #	Policy Name	Existing Policy	New Policy	Enforcement
II-206	Alpha-1 Proteinase Inhibitors (Aralast NP®, Glassia®, Prolastin-C®, Zemaira®)		X	Prior Authorization
IV-14	Breast Implant, Removal or Replacement	X		Prior Authorization *(No PA needed for breast reconstruction due to breast cancer)*
II-197	Buprenorphine Implant (Probuphine®)		X	Post Service Audit
II-207	Corneal Collagen Cross-Linking		X	Prior Authorization
II-196	Eculizumab (Soliris®)		X	Prior Authorization
IV-156	Endovascular Stent Grafts for Abdominal Aortic Aneurysms		X	Post Service Audit
IV-157	Endovascular Stent Grafts for Disorders of the Thoracic Aorta		X	Post Service Audit
II-71	Intravitreal Angiogenesis Inhibitors for Treatment of Retinal and Choroidal Vascular Conditions (Eylea®, Lucentis®, Macugen®)	X		Prior Authorization
II-34	Omalizumab (Xolair®)		X	Prior Authorization
II-102	Pharmacologic Therapies for Hereditary Angioedema (Berinert®, Cinryze®, Firazyr®, Haegarda®, Kalbitor®, Ruconest®)		X	Prior Authorization
II-205	Photodynamic Therapy for Ocular Indications (Visudyne®)		X	Covered for Indications Noted in Policy
II-204	Responsive Neurostimulation for the Treatment of Refractory Focal (Partial) Epilepsy		X	Retrospective Review and/or Post Service Audit

Products Impacted
- The information in this Bulletin applies to subscribers that have coverage through all commercial lines of business.
- The changes do not impact Government Programs lines of business (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans), Federal Employee Program (FEP), Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage or Platinum Blue as those lines of business have separate PA requirements.

Submitting a PA Request when Applicable
- Before submitting a PA request, Providers are asked to check applicable Blue Cross policy and **attach all required clinical documentation** with the request. PA requests will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity of the service**.** Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due to insufficient information. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
  o Go to providers.bluecrossmn.com
  o Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  o Select the "+" (plus) sign next to Medical and Behavioral Health Policies, then select "Blue Cross Blue Shield of Minnesota Medical Policies" to access policy criteria.
- PA Lists are updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access PA Lists for all lines of business:
  o Go to providers.bluecrossmn.com
  o Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
  o Select the "+" (plus) sign next to "Utilization Management" to access the Prior Authorization Lists.
- If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization. The requirement applies to subscribers starting therapy and to those already being treated with a therapy noted above.
- Providers may submit PA requests for any treatment in the above table starting July 23, 2018.

Providers can Submit an Electronic Prior Authorization (ePA) Request
- Online via our free Availity provider portal – for Blue Cross to review.
- For Medical Drugs, PA's can also be submitted using a NCPDP standard XML file feed to Blue Cross through CenterX, via an integrated Electronic Medical Record (EMR) system. To learn how to do this, providers should contact their EMR vendor for assistance.
- Out of state, non-contracted providers can submit a PA request to Blue Cross by either using the electronic processes above, the Minnesota Uniform Form for PA Request and Formulary Exceptions fax form located under the Forms section on the Blue Cross website, or their own PA form (secure fax: 651.662.2810).

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes
Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:
- Go to providers.bluecrossmn.com
- Under Tools & Resources, select "Medical Policy", and read/accept the Blue Cross Medical Policy Statement
- Select the "+" (plus) sign next to "Medical and Behavioral Health Policies" to see the Upcoming Medical Policy Notifications section

Clinical Reviews for Court-Ordered Substance Use Disorder Treatment
(Effective 8/1/18, P23-18)

Effective August 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will enforce pre-authorization (PA) rules with an up-front clinical review of court-ordered Substance Use Disorder (SUD) treatment for all lines of business. Treatment requests that meet the requirements set forth in Minnesota Statute 62Q.137 will be approved per state law. However, these requests must include a copy of the court's preliminary determination and supporting documents, as well as a copy of the assessment conducted by the Department of Corrections.

Court-ordered treatment requests that are received without this documentation will be subject to PA medical necessity review.

Products Impacted
The information in this Bulletin applies to all the following products:
- All commercial lines of business
- Government programs lines of business (Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare), SecureBlue (MSHO), and Minnesota Senior Care Plus (MSC+) health plans
- Federal Employee Program (FEP)
- Medicare Supplement (Senior Gold, Basic Medicare Blue and Extended Basic Blue), Medicare Advantage and Platinum Blue

Services that require Pre-Certification/Pre-Authorization/Notification
Only services on the PA lists require pre-certification/pre-authorization/notification. Do not request authorization for services not on the PA lists.

Follow the steps below to review the list of services that require a PA.

1. Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
2. Under 'Tools and Resources' select 'Medical policy' then acknowledge the Acceptance Statement.
3. Click on the '+' next to 'Utilization Management' and under the 'Precertification Lists' select the appropriate list based on the type of product the subscriber has (commercial, government programs, Medicare plans, Medicare Advantage, FEP)

eviCore Healthcare Specialty Utilization Management (UM)
(Effective 8/1/18, P25-18)

Effective August 1, 2018, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will work with eviCore Healthcare to review and process prior authorizations (PAs) for all fully insured commercial members. **Providers may start entering PA requests on July 23, 2018, for dates of service starting August 1, 2018, for the following services**:

- Lab Management (Molecular and genetic testing)
- Medical Oncology
- Radiation Therapy
- Radiology
- Cardiology (Advanced imaging and diagnostic services; implantable device services)
- Musculoskeletal (spine, large joint and interventional pain)
- Sleep Management (sleep apnea testing; treatment with sleep related DME)

Providers should submit PA requests via our free **Availity** provider portal. Effective June 18, 2018, instructions on how to utilize this portal will be available on the Availity website. The Availity portal is available 24/7 and is the **quickest** way to create PAs and check existing case status.

Providers are asked to reference the eviCore medical policy criteria (instructions below) and submit all clinical documentations with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Graduated Utilization Management (30-days):

The following programs will implement a graduated utilization management process to allow providers the ability to become accustomed with the policy criteria and documentation required with a PA request for a 30-day period. During this time period requests will provide educational language to help providers understand why a PA request did or did not meet the clinical guidelines:

- Lab Management (Molecular and genetic testing)
- Radiology
- Cardiology (Advanced imaging and diagnostic services; implantable device services)
- Sleep Management (sleep apnea testing; treatment with sleep related DME)

Effective Dates of Service: August 1, 2018 – August 30, 2018

- Provider will submit all relevant clinical information for review
- eviCore will review clinical information and approve all requests with submitted clinical information
- Requests that do not meet criteria per the evidence-based guidelines will still receive an approval that will include education language in the rationale

Effective Dates of Services: August 31, 2018 and after

- Provider will submit all relevant clinical information for review
- eviCore will review clinical information and make a determination
- Requests that do not meet criteria per the evidence-based guidelines could result in an adverse determination; this determination will not include education language in the rationale

Graduated Utilization Management (90-days):

The following program will implement a 90-day graduated utilization period:

- Musculoskeletal (spine, large joint and interventional pain)

Effective Dates of Service: August 1, 2018 – October 30, 2018

- Provider will submit all relevant clinical information for review
- o eviCore will review clinical information and approve all requests with submitted clinical information
- o Requests that do not meet criteria per the evidence-based guidelines will still receive an approval that will include education language in the rationale

Effective Dates of Service: October 31, 2018 and after

- Provider will submit all relevant clinical information for review
- eviCore will review clinical information and make a determination
- Requests that do not meet criteria per the evidence-based guidelines could result in an adverse determination; this determination will not include education language in the rationale

Non-Graduated Utilization Management

The following programs will **not** implement a 30-day graduated utilization period:

- Radiation Therapy
- Medical Oncology

Non-Graduated Utilization Management:
> **Effective Dates of Service: August 1, 2018 and after**
> - Provider will submit all relevant clinical information for review
> - eviCore will review clinical information and make a determination
> - Requests that do not meet criteria per the evidence-based guidelines could result in an adverse determination; this determination will not include education language in the rationale

Providers can view the eviCore medical policies, the CPT (Current Procedural Terminology) code list that require PA and the provider orientation materials by visiting the Blue Cross website.
1. Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
2. Under 'Tools and Resources' select 'Medical policy' then acknowledge the Acceptance Statement
3. Click on the '+' next to 'Utilization Management' and under the 'Precertification Lists' select eviCore Healthcare Specialty Utilization Management Clinical Guidelines

Effective July 23, 2018 and after, if you need to submit a PA by phone or need to speak to an eviCore representative please call **1-844-224-0494**, between 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.

Products Impacted
Authorization is required through eviCore for Blue Cross members enrolled in a commercial fully insured plan. In early June, the online 2018 Commercial Network Guide will be updated to identify the group numbers of the fully insured plans included in this UM program. To access the guide, go to **providers.bluecrossmn.com** and under "What's Inside" select "Education Center" then select "2018 Commercial Network Guide."

Products Not Impacted
Members who **do not require prior authorization** through eviCore are:

- Blue Cross Commercial Self-Insured Members

- Blue Cross Federal Employee Program (FEP) Members

- Blue Cross Medicare/Medicaid Members

Note: An approved PA does not guarantee coverage under a member's benefit plan. Member benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

New Commercial Pre-Authorization Requirements for Partial Hospitalization
(Effective 8/1/18, P26-18)

Effective August 1, 2018, a pre-authorization (PA) will be required for behavioral health partial hospitalization services for commercial lines of business, and a concurrent review will be required for continued stays. Partial hospitalization provides a structured program of psychiatric services as an alternative to inpatient psychiatric care and is more intense than care received in a therapist's office. The treatment is provided during the day and doesn't require an overnight stay.

Requests for PA and concurrent reviews will be reviewed when patient-specific, relevant medical documentation has been provided supporting the medical necessity. Failure to submit required information may result in review delays (if outreach is needed to obtain missing clinical information) or a denial of the request due insufficient information.

Services that require Pre-Certification/Pre-Authorization/Notification

Only services on the PA lists require pre-certification/pre-authorization/notification. Do not request authorization for services not on the PA lists.

Follow the steps below to review the list of services that require a PA.

1. Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
2. Under 'Tools and Resources' select 'Medical policy' then acknowledge the Acceptance Statement.
3. Click on the '+' next to 'Utilization Management' and under the 'Precertification Lists' select the 'Commercial Pre-Certification/Pre-Authorization/Notification List'